

2372

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. 309	
1. PLACE OF DEATH		COUNTY Navajo		STATE ARIZONA		REGISTERED NO.	
TOWNSHIP Winslow		OR VILLAGE Southside		ST.		WARD	
CITY		(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)					
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 20 YRS. MOS. DS.		HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. MOS. DS.					
2. FULL NAME Tedoro Garcia		HOW LONG IN STATE WHEN DEATH OCCURRED 50 YRS. MOS. DS.					
(A) RESIDENCE: NO. Southside		ST.		WARD.		(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)	
(USUAL PLACE OF ABODE)							
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX Male	4. COLOR OR RACE Mex.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Single					
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single							
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown							
7. AGE YEARS MONTHS DAYS	IF LESS THAN 1 DAY, HRS. OR MIN.						
About 50							
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.	Laborer						
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.	?						
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)	11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION 35						
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)	St. Johns, Ariz.						
13. NAME Francisco Garcia,							
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)	Unknown						
15. MAIDEN NAME Unknown							
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)							
17. INFORMANT (ADDRESS) Marie Garcia, Winslow, Ariz.							
18. BURIAL, CREMATION, OR REMOVAL PLACE Winslow, Ariz. DATE 9-25-35							
19. EMBALMER (LICENSE NO. 202A) SIGNATURE J.M. Drumm							
FUNERAL DIRECTOR J.M. Drumm							
ADDRESS Winslow, Ariz.							
20. FILED 9-25, 1935	REGISTRAR						
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-24-35, 19							
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 9/23 1935 TO 9/24 1935							
I LAST SAW HIM ALIVE ON 9/23, 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 9:40pm M.							
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Pneumonia 9/23/35 Traumatic from injury							
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Injury							
NAME OF OPERATION DATE OF							
WHAT TEST CONFIRMED DIAGNOSIS? WAS THERE AN AUTOPSY?							
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: Homicide 9-23-35							
ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY 9-23-35							
WHERE DID INJURY OCCUR? In Winslow Ariz. (SPECIFY CITY OR TOWN, COUNTY AND STATE)							
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE Public place							
MANNER OF INJURY From beating							
NATURE OF INJURY Head injuries							
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?							
IF SO, SPECIFY (SIGNED) J.M. Drumm M.D. (ADDRESS) Winslow, Ariz.							